STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		005002	B. WING		04/08/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE	
METHODI	ST HOSPITALS INC	600 GRA GARY, I	ANT ST N 46402		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
S 000	INITIAL COMMENTS		S 000		
	This is a State hospita	al complaint investigation.			
	Date of Survey: 04/08	3/2015			
	Facility Number: 005	002			
	Complaint # IN001684 Substantiated: State of allegations are cited.	467 deficiencies related to the			
	QA: cjl 05/01/15				
S 610	410 IAC 15-1.5-2 INF	ECTION CONTROL	S 610		6/3/15
	410 IAC 15-1.5-2(f)(3)	)(D)(x)			
	(f) The hospital shall edinfection control command guide the infection program in the facility (3) The infection contresponsibilities shall in not be limited to, the f (D) Reviewing and red in procedures, policies which are pertinent to control. These included limited to, the following the control in the	nittee to monitor n control as follows: rol committee nclude, but following: commending changes s, and programs infection e, but are not			
	(x) A program of food and storage for all per in food handling which is not limited to, the fo	rsonnel involved n includes, but			
	(AA) Storage of employation refrigerators.	oyee food in			
	(BB) Medications in n	utrition			

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:				
		005002	B. WING	B. WING		04/08/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
METHODI	ST HOSPITALS INC	600 GRA GARY, II					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S 610	Continued From page	: 1	S 610				
	refrigerators.						
	(CC) Refrigerator and temperature monitoring						
	and staff interview, th kitchen cooked all foo temperature and faile	tion review, observation, e facility failed to ensure the					
	Findings included:						
	critical control points of FOOD-SAF_01 (Last the foodservice worked of the finished food procoking process. The temperatures for poul poultry, stuffed meat, meat, fish: shall be confrom food hot holding cooled from 140 degrees Fahrenheit in degrees Fahrenheit to	revised 2/2014) indicated er shall record temperature roduct at the end of the eminimum cooking try and food containing fish or pasta, ground raw tooked to 165 degrees onds. The cooling process to cold holding shall be ees Fahrenheit to 70 to 2 hours and from 70 to 40 degrees Fahrenheit in 4 toling time not to exceed 4 todure requires the					
		ishment Sanitation C 7-24-182, Cooking Raw red One hundred fifty-five					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY IPLETED	
			/ 20.22 vo				
		005002	B. WING		04	4/08/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
METHOD	ST HOSPITALS INC	600 GRA					
	T	GARY, II	N 46402				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S 610	Continued From page	e 2	S 610				
	for: injected meats, r meat or fish. One hu degrees Fahrenheit of seconds for poultry, of stuffed meat, stuffed stuffing containing fis 3. Retail Food Estab Requirements 410 IA Hazardous Food; Copotentially hazardous two (2) hours, from of degrees Fahrenheit to Fahrenheit; and withit seventy (70) degrees	lishment Sanitation C 7-24-189, Potentially oling indicated cooked food shall be cooled within ne hundred thirty-five (135) o seventy (70) degrees n four (4) hours, from Fahrenheit to forty-one (41) or less. The entire cooling					
	4/6/2015, 4/7/2015, a	ere reviewed for three days:					
	log "Cooling Temperatus cool-down temperatus Fahrenheit for beef pubroccoli/cheddar respafter 2 hours was 122 Fahrenheit respective determined from the the HACCP temperatus cool-down temperatus from the HACCP temperatus cool-down temperatus from the the HACCP temperatus from the factorial temperatus from	ature" noted the starting re was 185 and 179 degrees otatoes and pectively; the temperature 2 and 125 degrees					
	temperature log note Temperature" for salr	6/2015, lunch HACCP d the "Cooking Internal non was recorded at 164 after the cooking process					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		005002	B. WING		04	1/08/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
METHODI	ST HOSPITALS INC	600 GRA	NT ST			
MIETHODI	31 HOSPITALS INC	GARY, IN	N 46402			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLETE DATE
S 610	Continued From page	e 3	S 610			
	below the minimum re	recorded temperature was equired cooking temperature enheit for 15 seconds.				
	temperature log noted Temperature" for cho chicken, pureed chick 160, 159 degrees Fal the cooking process of recorded temperature	es were below the minimum perature of 165 degrees				
	temperature log noted Temperature" for turk degrees Fahrenheit a was completed. The below the minimum re	/2015, breakfast HACCP d the "Cooking Internal ey links was recorded at 149 fifter the cooking process recorded temperature was equired cooking temperature enheit for 15 seconds.				
	log "Cooling Temperatocool-down temperatu Fahrenheit for chicke respectively; the temperatory 132 and 141 degrees could not be determine	_				
	temperature log noted Temperature" for chic degrees Fahrenheit a was completed. The	8/2015, lunch HACCP d the "Cooking Internal sken was recorded at 159 ifter the cooking process recorded temperature was equired cooking temperature enheit for 15 seconds.				

Indiana State Department of Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		005002	B. WING		04/08/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	
METHODI	ST HOSPITALS INC	600 GR GARY, I	ANT ST IN 46402		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
S 610	Continued From page	e 4	S 610		
S1118	(Executive Chef) indicooked will have a precorded when finished the staff member and step cooling down preceds to be refrigeratibeen served. The for 70 degrees Fahrenhed degrees within the neconfirmed the docum food was not cooked and the documentation.		S1118		6/3/15
31110			31110		0/3/13
		the physical hospital developed and manner that the of patients are  If be created or ny result in a ublic, or  et as evidenced by: ation review and observation, estore assorted food and			

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  S1118  Continued From page 5  S1118  1. Retail Food Establishment Sanitation Requirements 410 IAC 7-24-399, Surface Characteristics of Materials for Indoor Area Construction and Repair indicated, "materials for Indoor floor, wall, and ceiling surfaces under conditions of normal use shall be: smooth, durable, and easily cleanable for areas where retail food establishment operations are conducted; nonabsorbent for areas subject to moisture."  2. At 12:15 PM on 4/8/2015, the dry storage	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
METHODIST HOSPITALS INC    (X4)   ID   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COMPLETE DEFICIENCY)    S1118   Continued From page 5   S1118     1. Retail Food Establishment Sanitation Requirements 410 IAC 7-24-399, Surface Characteristics of Materials for Indoor Area Construction and Repair indicated, "materials for indoor floor, wall, and ceiling surfaces under conditions of normal use shall be: smooth, durable, and easily cleanable for areas where retail food establishment operations are conducted; nonabsorbent for areas subject to moisture."    2. At 12:15 PM on 4/8/2015, the dry storage   After the Afond Tag And Tag An			005002	B. WING		0,	4/08/2015
Summary statement of Deficiencies (Each Deficiency Must be PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S1118  Continued From page 5  1. Retail Food Establishment Sanitation Requirements 410 IAC 7-24-399, Surface Characteristics of Materials for Indoor Area Construction and Repair indicated, "materials for indoor floor, wall, and ceiling surfaces under conditions of normal use shall be: smooth, durable, and easily cleanable for areas where retail food establishment operations are conducted; nonabsorbent for areas subject to moisture."  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  DATE  COMPLETI  TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFERENCED TO THE APPROPRIATE  DATE  COMPLETI  TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  DATE  COMPLETI  TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  DATE  ONLY  TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  DATE  ONLY  TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  DATE  ONLY  TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  DATE  ONLY  TAG  ONLY  TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  DATE  ONLY  TAG  ONLY  TAG  ONLY  TAG  ONLY  TAG  ONLY  TAG  CROSS-REFERENCED TO THE APPROPRIATE  DATE  ONLY  TAG  ONLY	METHODI	ST HOSPITALS INC					
1. Retail Food Establishment Sanitation Requirements 410 IAC 7-24-399, Surface Characteristics of Materials for Indoor Area Construction and Repair indicated, "materials for indoor floor, wall, and ceiling surfaces under conditions of normal use shall be: smooth, durable, and easily cleanable for areas where retail food establishment operations are conducted; nonabsorbent for areas subject to moisture."  2. At 12:15 PM on 4/8/2015, the dry storage	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETE
room was inspected. The ceiling was observed with gray insulation caked on the entire ceiling surface and joist. Therefore, the ceiling was not easily cleanable and the insulation presented a risk of falling on single-use and assorted food items.		Continued From page  1. Retail Food Estable Requirements 410 IA Characteristics of Mar Construction and Reg indoor floor, wall, and conditions of normal of durable, and easily chareful food establishm conducted; nonabsorb moisture."  2. At 12:15 PM on 4/2 room was inspected. with gray insulation casurface and joist. The easily cleanable and trisk of falling on single	ishment Sanitation C 7-24-399, Surface terials for Indoor Area pair indicated, "materials for ceiling surfaces under use shall be: smooth, eanable for areas where ent operations are beent for areas subject to  8/2015, the dry storage The ceiling was observed aked on the entire ceiling erefore, the ceiling was not the insulation presented a				DATE

Indiana State Department of Health

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